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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/237,194 01/26/1999
 and is a CON of 08/481,925 06/07/1995 PAT 5,899,855
 and is a CON of 08/233,397 04/26/1994 ABN
 and is a CIP of 07/977,323 11/17/1992 PAT 5,307,263

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

12/04/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/MICHAEL FUELLING/ Examiner's Signature	Initials	CA	6	87	3

ADDRESS

HEALTH HERO NETWORK, INC.
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TITLE

MESSAGING TO REMOTE PATIENTS IN A NETWORKED HEALTH-MONITORING SYSTEM

FILING FEE RECEIVED 4246	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit